

So we've moved forwards about a couple of months. Were you working on the unit over that period, Ms Letby?

A. Yes, I was.

Q. Again, caring for babies?

A. Yes.

Q. How important to you was it to do your job properly?

A. Very important. I took the job extremely seriously and that's why we do nursing: we want to make those babies well enough to go home.

Q. [Baby N] is dealt with on our indictment at counts 17, 18 and 19. Can we put up tile 8 from the first [Baby N] sequence, just so we can look at the details, the birth details, for [Baby N].

[Baby N] was born on 2 June 2016 at 13.42. 34 weeks and 4 days. 1,670 grams. Born by caesarean section.

Can we go into the actual document behind that tile?

Just scroll down. I am just identifying details that will help us keep track on the things that are characteristic of the babies, and in this case [Baby N].

A particularly characteristic feature was that his mother was identified as a carrier for haemophilia and

it became apparent that he had haemophilia in that his factor VIII level was too low.

I'll remind us of what the three counts on the indictment relate to, by which time it'll probably be time to take a break, with your Lordship's leave, and then we can move to your evidence about [Baby N], Ms Letby. Okay?

A. Yes.

MR MYERS: Again, just to assist us all with keeping in mind what we're dealing with, the first event, count 17 on this indictment, is at about 01.05 on 3 June when [Baby N] was found to be or identified as screaming or crying and he desaturated, but he responded to facial oxygen and made a relatively swift recovery. We'll go to the actual notes and details to help everybody a little bit more when we come there but that's what the first event relates to: 3 June, 01.05, screaming or crying and desaturating.

The next event, 12 days later, count 18, is on the morning of 15 June at 7.15. At or around that time, [Baby N] had a profound desaturation and we'll look at the notes. There had been various issues on the night before, but at that time he had a profound desaturation. Following on from that, there were attempts to intubate him in the first instance by [Dr A], you might remember, three attempts to intubate [Baby N], and blood

was identified in the oropharynx. That intubation wasn't successful. That's count 18.

Count 19, as we move forwards that day, still 15 June, about 14.50, again a profound desaturation experienced by [Baby N] and also 3ml of blood aspirated from the NGT. We'll look at the material relating to that shortly. That was followed by multiple attempts to intubate him by various doctors on the unit. Those are the items that are identified on the indictment, counts 17, 18 and 19.

Just in terms of the course of [Baby N] on that day, later that day, in the evening at 19.40, as a team had arrived, led by Dr Potter, from Arrowe Park, at around that time there was a further desaturation and, you may remember, given the problems with attempting to intubate [Baby N], doctors at the Countess of Chester had been preparing for an emergency tracheostomy, if necessary, but Dr Potter arrived with his team, he intubated [Baby N] at the first attempt, as it happens, and so no tracheostomy was required.

Just in advance of that there had been that desaturation at 19.40, not reflected in a particular count on the indictment, but still an event that has been identified and one that we'll deal with in the course of your evidence, Ms Letby.

Those are counts 17, 18, 19: count 17, 3 June, in the very early hours of the morning; counts 18 and 19, 15 June, 7.15 for count 18 and about 2.50 for count 19.

My Lord, that might be a suitable place to stop and continue after a break.

MR JUSTICE GOSS: Certainly. Thank you. It'll be about 20 past, that's about 12 minutes or so.

(3.10 pm)

(A short break)

(3.23 pm)

MR MYERS: Ms Letby, when you were first interviewed by the police about [Baby N] on 10 June 2019, what you said right at the start of the transcript we have -- and I can just read this, it's several lines, but it's on page 1, the first page of the [Baby N] interviews -- was this:

"Question: Do you remember [Baby N], Lucy?"

I should say, first, the officer summarised the events on the two dates on which the allegations relate to and the officer says:

"Question: Do you remember [Baby N], Lucy?"

And your answer was:

"Answer: Yes, but only from -- reading my notes triggered my memory to who he was. I don't think he had a name when I cared for him. He was 'male infant'."

Just with regard to that, what do you mean by what you said when you say:

"Answer: Yes, just from -- reading my notes triggered my memory to who he was"?

A. So I recall [Baby N] from the care that he needed but at that moment in time I did not recall that that was his name.

Q. Right. So whatever the name of the baby, did you have a recollection of a baby who had haemophilia?

A. Yes.

Q. So you knew who they were talking about to that extent?

A. Yes.

Q. It's just that you hadn't tallied the name up with that baby?

A. No, the name didn't correlate with me at that time, no.

Q. Now, had you encountered a baby with haemophilia before [Baby N]?

A. No.

Q. And again, a question I have asked before on other occasions: from what you could tell, how familiar were your nursing colleagues with a baby with haemophilia?

A. I don't think anyone was. Everyone was quiet panicked about having a baby with haemophilia.

Q. If we could go to tile 68 and we're just going to look at some messages that passed between you and [Nurse E] in this regard. It's the [Baby N] sequence, tile 68. This is 2 June 2016, 8 o'clock in the evening, you to [Nurse E]. Reminding ourselves

[Baby N] was born at 13.42 this day. Your message:

"We've got a baby with haemophilia."

Tile 69, from [Nurse E] to you, shortly afterwards:

"How many weeks?"

Tile 70 your response to [Nurse E]:

"34."

Tile 71, [Nurse E] to you, seconds later:

"Oh."

Tile 72, you to [Nurse E], 30 seconds later:

"Everyone bit panicked by seems of things although baby appears fine [as read]."

When you say "everyone bit panicked by seems of things", what are you getting at?

A. The staff, all staff, nursing and medical staff.

Q. Were panicked by what?

A. By the condition that [Baby N] had and how they were potentially going to manage that.

Q. By the condition he had and how they were going to manage it?

A. Yes.

Q. If we move on, please, to messages at tile 75. We can move on in fact to tile 73, please, Mr Murphy.

Seconds later, [Nurse E] to you:

"Male?"

Tile 74, your response, you see the timing:

"Yeah."

Tile 75:

"Factor VIII?"

This is [Nurse E] to you.

And tile 76, you to [Nurse E] 20.02:

"Not sure. I only know what's on handover sheet as doctor et cetera all in with him doing head scan et cetera."

Did you know when [Nurse E] said "factor VIII" what that was referring to --

A. No.

Q. -- "Factor VIII?"?

A. Not at that time, no.

Q. Not at that time. Can we move forwards to tile 78, please, which is a minute or so later. It's

[Nurse E] to you:

"Lad with haemophilia when worked community with Leighton on placement."

Going through to tile 91 so we can take these relatively quickly if we may, Mr Murphy. Tile 79, you too [Nurse E]:

"Ah, okay. I'll have to Google it later lol. Don't know much about it."

What didn't you know much about?

A. Haemophilia.

Q. Tile 80, [Nurse E] to you:

"Have to be careful with cannula/heel pricks, et cetera."

Tile 81 [Nurse E] again to you:

"Give factor VIII or factor IX, I think it is, dependent on which clotting factor deficiency is [as read]."

Tile 82 from [Nurse E] again to you:

"Have an infusion for rest of life." And your response to that, seconds later, at tile 83:

"Wow."

Is it unusual for you and a colleague to be talking about a baby on the unit in your messages?

A. No, that would happen regularly.

Q. Tile 84, please. A minute so later from [Nurse E] to you:

"Nearly always male [as read]."

Tile 85 she repeats "male".

MR JUSTICE GOSS: It was a typing error, "make". It's been corrected to "male".

MR MYERS: Yes. The first one is "make" and should be "male".

Tile 86 from [Nurse E] again to you:

"We were going out supervising parents starting to give the boy his prevention injections themselves."

Tile 87, again [Nurse E] to you:

"Wonder if knew antenatally."

Tile 88, reading on from [Nurse E] to you:

"Must have done. Supposed to know now."

Tile 89, [Nurse E] to you:

"Sure boy we went to had it through port-a-catch."

And then at tile 90:

"Cath. Jesus."

That might be a correction.

Then this from you to [Nurse E] at tile 91,

20.11:

"Complex condition, yeah, 50/50 chance antenatally."

Pausing there, did you know as much about this as [Nurse E] knew in terms of the condition from what she was saying?

A. No, [Nurse E] knew more than me. She'd had experience with haemophilia.

Q. With the tile we finished with at the end of this sequence where you say:

"Complex condition, yeah, 50/50 chance antenatally."

What are you referring to by "50/50 chance antenatally"?

A. So it's 50/50 chance that a mother with haemophilia will pass that on to the baby. So it's a 50/50 chance that [Baby N] was born with haemophilia.

Q. Antenatally means what?

A. Pre-birth.

Q. And a 50/50 chance of it being passed on?

A. Yes.

Q. How did you know that? Do you know how you knew that?

A. I think it's something that I have heard of in the past, but I don't know any more details than that.

Q. So we can be quite clear when you're talking about a 50/50 chance, you're talking about the condition being passed on?

A. The likelihood of him -- the baby having haemophilia.

Q. All right. There's a very lengthy sequence of messages between that and tile 157 that I won't go through but they cover work, social matters, all kinds of things like that.

Again, putting this in the real world, we're focusing on particular things in this case, Ms Letby, but in terms of your messaging with your colleagues what sort of things would you message about?

A. Everything, whether it's work or personal things, social things. I regularly contacted a lot of people.

Q. Let's move to count 17, which is the first event relating to [Baby N]. This is some time after or up to about 01.05 on 3 June 2016 and we'll take a look, if we may, at the layout of that shift at tiles 52 and 53.

Could we go into tile 52, please? Shift leader, Melanie Taylor. Designated nurse, Christopher Booth. You're on the shift, so is Sophie Ellis and so is Valerie Thomas.

To start, just by reading the record that we have that relates to this, but before I do so, do you have any particular recollection of what it was that happened round about 1.00 or 1.05 in the morning on 3 June?

A. No, I have no memory of this.

Q. Right. Can we go to tile 174 in this sequence, please, Mr Murphy. This is a note by Dr Loughnane who gave evidence on this and just on this particular matter. As we'll see, there isn't a nursing note that is based on any contemporaneous experience, so we'll look at the clinical note. Dr Loughnane recorded the following:

"1.10."

It identifies her:

"Asked to see. Desat, unsettled, TWOB."

What do you take that to mean?

A. Increased, it's an up arrow, increased work of breathing.

Q. "Got upset. Looked mottled, dusky. Sats [is that] down to 40%."

A. Yes.

Q. And then an arrow across:

"On 100% oxygen."

A. Yes.

Q. "On my arrival, 40% O2. Screaming. Sternal recession."

Remind us, what is sternal recession?

A. It's using extra muscles with increased work of breathing in a baby, so it is a way they look (overspeaking) --

Q. What do you see?

A. You see their muscles sucking in and out in their ribs.

Q. "Poor trace on sats probe. Pink. Attempt to settle.

Crash bleeped away."

We might remember she was called away having come

here:

"On return, self-ventilating in air, sats 100%.

Asleep. Work of breathing improved."

And the plan is to continue to observe. That's it.

Is that the result of you performing some sort of attack on a baby, Ms Letby?

A. No, it's not.

Q. Any involvement at all?

A. No.

Q. Have a look at the note, please, if we could, from Christopher Booth at tile 172. Go into this, thank you.

The bottom left-hand corner of this. We don't need the whole of the note. We will start with the opening section. 3 June 2016, 06.13, in the morning, CNB is Christopher Booth:

"Care taken over approximately 20.00. Cot space checked, including fluids, alarm limits and emergency equipment. SVIA. Oxygen saturations predominantly in mid-90s to 100%. One episode whilst I was on my break, whereby [Baby N] was crying ++ and not settling. He became dusky in colour, desaturating to 40s, responded to facial

oxygen within 1 to 2 minutes. Crying subsided within approximately 30 minutes and colour returned to normal. Pink. Dr Loughnane aware of this episode. No further episodes observed."

From your recollection, did you have any involvement in any way with what happened with [Baby N] at that point?

A. No.

Q. And do you know where it is that Christopher Booth got his information from that ended up in that note?

A. No.

Q. Just have a look at the neonatal review if we could for [Baby N] over this period. There are two neonatal reviews, Mr Murphy. This is for event 19 and it says exhibit reference KLT34. We can probably deal with just putting this up on the screen. It's page 3 and page 4. If we just look at the top half from line 23 upwards, please, 1 to 23, we can see lines 2 through to 7 are in blue, which means that involves work by you. Does that help with what you were doing at about the time of 20.30 through to 20.38?

A. I was doing medications with Christopher Booth.

Q. On which babies?

A. On two separate -- oh, on baby JBR.

Q. And baby AF, lines 2 and 3.

A. That's not medication, but yes, I was with that baby.

Q. Your involvement with them. If we care to look back at page 2, we'll see who the designated nurse for that baby or those babies is.

A. That's myself.

Q. That's you, all right. We can leave this page up. That's the baby you're designated to look after. Go back to page 3 of the neonatal review. Thank you. We see you, do we, Ms Letby, at line 20, 23.10, a feed for AF?

A. Yes.

Q. If we look at the lower half of this page then, from line 24 down to the bottom of the page, line 51, what are you doing at that point?

A. I'm giving a feed to AF at 02.30.

Q. Any care given to [Baby N] in the nursery that he was in at that point?

A. No.

Q. Or anything to do with [Baby N] on that shift?

A. No, none.

Q. Did you know that there'd been an incident with [Baby N]?

A. No.

Q. Can we look at tile 175, please. We see this is swipe data at 01.15, maternity neonatal entrance doors, in. So where does that have you moving from and to?

A. So that's me entering the neonatal unit from the main corridor outside.

Q. Do you know whether you were on the unit even at the time that [Baby N] had this incident between 1.00 and 1.05?

A. By going with this, no.

Q. You don't know where you were?

A. No.

Q. But certainly at this time you're coming back on to the unit?

A. That's right.

Q. And this is about 10 minutes or so after the event --

A. Yes.

Q. -- or 10 minutes after the event identified with [Baby N]. When we're dealing with [Baby N], events move forwards from the early hours of 3 June to 15 June, but are you continuing to work at the unit over that period?

A. Yes.

Q. Messaging?

A. Yes.

Q. Friends?

A. Yes.

Q. The allegations against you are of the most grave nature, aren't they?

A. Yes.

Q. We're looking at all of this now going back many years to very serious allegations, but if we go back to the time this is happening, what actually were the sort of concerns in your life? What did you occupy yourself with?

A. Outside of work?

Q. Yes.

A. I had a very busy life. I owned my own home, had lots of hobbies, used to meet with friends a lot, I had an active life.

Q. Leading up to the events on 15 June we've got some messaging in the sequence of events for [Baby N], second sequence of events. In fact, just in advance of that, I'd like to look at some messages on page 19012 of the exhibits. We've redacted them to remove telephone numbers and the names of any colleague or person who isn't already identified or named in this case. It's just some messaging on 13 June in the morning, between

10.35 and 10.47, the first one is to you:

"Yay, you've started packing."

The next is from the same person:

"Lucy, have you decided on a suitcase yet?"

Then from [Nurse E]:

"Ha ha, is that classed as packing?"

Again from [Nurse E]:

"Don't want Thurs to zoom too fast."

And then from [Nurse E]:

"You need to go on Love Island."

Just pausing there, what is all the packing -- what is all this about?

A. Myself, [Nurse E] and the other person there were going on holiday together.

Q. How did you feel about going on holiday?

A. We were excited, we were looking forward to it. It was [Nurse E]'s birthday as well, so it was a celebration.

Q. Let's carry on. Next from you to [Nurse E]:

"No, will decide on Thursday when off."

Scroll down, please. Fist bumps, is that to [Nurse E] from you?

Then from [Nurse E]:

"You so do. Be ace!"

From [Nurse E] to you:

"Yes, I remember now it was celebrity version first time round hosted by Kelly Brook and Patrick Kielty." They're well-known, but in case anyone doesn't know, who are Kelly Brook and Patrick Kielty?

A. They're celebrities.

Q. What do they -- what are you talking about them in relation to here?

A. A television programme that they were on at the time.

Q. What was that programme?

A. Is it Love Island?

Q. All right, yes.

A. I can't be sure.

Q. Then from [Nurse E]:

"Temptation Islands was my favourite. That was over like 10 years ago."

Then you to [Nurse E] at 10.47:

"Ah yeah, with Abbey Clancy, etc. Not seen that."

Abbey Clancy is an English lingerie catwalk model and TV personality; is that right?

A. Yes.

Q. I only know that because I looked it up on Google.  
Are these people your friends?

A. Yes.

Q. Is this what you're chatting about?

A. Yes.

Q. And how are you feeling about going away?

A. So we're excited.

Q. Were you going to have to go to work before you went  
away?

A. Yes.

Q. How are you feeling about going to work?

A. I was happy to go to work, but I was looking forward to  
having the time off to go on holiday.

Q. And in the middle of that, were you planning to kill  
babies?

A. No.

Q. That's what the prosecution say you were going to do.

A. Well, that didn't happen.

Q. Is that what was on your mind?

A. No.

Q. Can we look at the messaging just coming up to counts 18 and 19, which is in the [Baby N] sequence, the second [Baby N] sequence at 45, please. This is from [Dr A] to you -- we've moved forward to

"Am I right in thinking you'll have done 6 long days in the last 8? No wonder you're tired."

Can we go to the next tile, please, you to [Nurse E]:

"Great."

Next tile, 47:

"Hope you get better sleep tonight."

The reference there to doing six in 8 days, is that, by the standards of that unit, a lot of work being done?

A. Yes.

Q. Can we look then at the shift pattern, page 33229, just to see where this fits in. We can enlarge the upper section, please, which is June 2016. When [Dr A] is talking about six in the last 8 days, what is he referring to when we look at this?

A. The number of shifts that I had done starting from the 8th.

Q. So we can see Wednesday the 8th is a long day, you weren't working on Thursday the 9th. You were working on Friday the 10th and Saturday the 11th. Not on the 12th, but then again on the 13th, 14th and 15th.

A. Yes.

Q. It's the 15th that we're going to come to.

A. Yes.

Q. You say that is a lot of shifts, is it?

A. Yes.

Q. Any incidents or particular matters of concern to what we're dealing with here on any of those other days before this?

A. No.

Q. We can see when we look at the 16th, 17th, 18th, 19th, through to the 22nd, you're not down to do work at that time.

A. No, that was when the holiday took place.

Q. Right. So is that the holiday you were talking about --

A. It is, yes.

Q. -- in those messages?

A. Yes.

Q. We turn to 15 June. Although on count 18 and count 19 we're looking at 15 June, we know you've been working on the 14th from looking at this. Who were you looking after on 14 June?

A. I believe it was [Baby N] that day as well.

Q. Well, it was. We know that. We'll have a look at something relating to that in a moment.

But at the end of the shift on the 14th, so before we come to the 15th, we're going to be looking at the morning of the 15th, but at the end of the shift on the

14th, who took over from you?

A. Jennifer Jones-Key, the nursery nurse.

Q. And do you recall how [Baby N] was at the time he was handed across by you, in effect handed across by you, to Jennifer Jones-Key?

A. I don't recall there being any concerns at that time.

Q. Let's have a look at tile 31 in the sequence, please.

Can we go into that? Thank you.

This is a note by you, Ms Letby, for 14 June, first of all, at 14.14. So you'd been -- this is for [Baby N], so you were his designated nurse on that day shift. Could you read to us what the note says?

A. It says:

"Written for care given from 08.00 to present.

Emergency equipment checked, fluids calculated. Infant nursed in a cot. Temperature maintained. Demand feeding EBM via own bottle. Completing more than required volumes. Put to breast. Good latch. Bottle top up. Urine passed. Bowels opened. Initially nursed on a BiliBlanket. Repeat SBR this morning on downward trend but not yet more than 50 below treatment line, but otherwise ready for home. Discussion with mum and

[Dr D]. Overhead Neoblu commenced and infant placed in incubator. Eye protection in place."

Q. Pausing there, when it says "otherwise ready for home", what does that indicate about [Baby N]'s condition at this time?

A. Once the phototherapy was stopped for his jaundice he would be ready to go home.

Q. Can you read the addendum we have just below that at 19.15?

A. That says:

"Remains under phototherapy. Demand feeding. Temperature maintained. For repeat SBR and calcium this tonight [as read]."

Q. What follows is a note relating to the family communication which I'm not going to turn to but it's there if anyone wants it. But is that the condition of [Baby N] at the end of your shift on the 14th?

A. Yes. So the only reason he is with us at that point is for phototherapy. He's demand bottle feeding and once the phototherapy stops he would be able to go home.

Q. Thank you. We'll follow this through then because we've got the note for Jennifer Jones-Key who was looking after [Baby N] overnight leading up to the beginning of the shift where count 18 relates. So can we go to tile 141, please. It's the large body of text on the left-hand side.

This is from Jennifer Jones-Key, first of all at 05.51 that morning. It says:

"At start of shift baby nursed in incubator with eye protection in situ. SBR repeated at 21.00. Result 150.

Lights stopped. For repeat in morning. Baby demand bottle feeding on EBM. Taking good amounts on own bottles. Baby very unsettled early part of night. I noticed that just after 01.00 feed baby looked very pale mottled and veiny, abdomen slightly bigger. Seen by NNU Nurse Belinda Simcock. Advised to place baby on saturation monitor. Reviewed by paed. To be watched for an hour. After 30 minutes, noted to be having desaturations to low 80s. No intervention required but quite frequent. Rest of observations within range.

Reviewed by paed reg [Dr A] and for septic screen.

Cannula inserted into right hand and bloods taken for CRP, blood culture and FBC. IM CEF..."

A. Cefotaxime.

Q. "... given by NNU nurse. Baby looked worse this morning [this of course is at 05.51] and cap refill 3 seconds. Reviewed again by paed. Placed into 25% ambient O2 and nil by mouth. 10% dextrose commenced at 150ml per kilogram. Cannula site satisfactory. PU, BO. No contact from parents."

Just pausing there, from what we see in that entry made at 05.51, has [Baby N]'s condition changed overnight from when you had handed him over?

A. Yes, it's deteriorated.

Q. Then we come to this, the entry at 08.19 by

Jennifer Jones-Key:

"At 07.15 baby crying and dropped saturations. Seen by NNU nurse Lucy. Neopuff given with 100% oxygen by paed reg [Dr A]. Noted to be mottled all over body and blue in colour and cold to touch. Decision made to transfer to nursery 1. MG [which we have established is NGT, nasogastric tube] re-sited in right nostril with acid reaction. At handover baby dropped saturations again and required Neopuff. Care handed over to NNU nurse Lucy."

So that's what we have leading up to count 18. Let's just look at the time you go on to the unit and then I'm going to ask you to explain to us and describe to us what happened, Ms Letby. Can we look at tile 136 and then tile 137?

We can see just from the presentation here -- let's go into it just so we can be quite clear which direction we're looking at. So maternity neonatal entrance doors, in, at 07.10. Then tile 137, maternity labour ward to neonatal, in, at 7.12. Are those two different sets of doors?

A. Yes.

Q. But both leading to the neonatal unit?

A. Yes.

Q. So you are in on the second of those at 7.12?

A. Yes.

Q. Can we, just before we move on, look at tile 139, please. This is swipe data for [Nurse E] coming in at 07.14.

A. Yes.

Q. Is it unusual for nursing staff to arrive maybe 15 minutes before handover is due to start?

A. No, it's good practice to be punctual and be ready to start at 7.30.

Q. Right. We've seen two different times for entrance on to the unit for you, but now in terms of your recollection can you describe to us what happened when you came to work that morning?

A. I recall that I went to nursery 3, just talked to Jennifer, she was a good friend of mine and I went to talk to her prior to starting the shift.

Q. Nursery 3. Jennifer is Jennifer who?

A. Jennifer Jones-Key.

Q. Jennifer Jones-Key, is she who you handed [Baby N] over to the night before?

A. Yes.

Q. Which nursery was [Baby N] in as far as you knew?

A. Nursery 3.

Q. Nursery 3. All right. So did you go anywhere else first or is that where you went straightaway?

A. No, I can't recall specific details, but I know that I got myself ready for work and I was ready to start work at that point, so I went on to the unit to speak to the night staff colleagues, which is normal.

Q. Why did you go to Jennifer Jones-Key at nursery 3?

A. She was a close friend.

Q. Were you going with any particular interest in [Baby N] at that point?

A. No, I was going to talk to Jennifer.

Q. Had handover actually been allocated at this point?

A. No, not that I'm aware of, no.

Q. So this is a June morning, you've gone in, you go over to speak to her. Do you recall how long you were chatting with her for?

A. It happened within minutes (overspeaking) --

Q. So you go there. Tell us what happened. You said, "It happened within minutes", so you just tell us.

A. Within minutes [Baby N]'s monitor went off and I went over to him and found him to be mottled and not breathing properly.

Q. Do you recall where you were at the point his monitor went off?

A. In the doorway.

Q. And do you remember where Jennifer was?

A. I can't recall specifically, but she was in the room with another baby, she wasn't at [Baby N]'s cot side.

Q. In fact, as far as you can recall, had you even gone into the room at this point?

A. No.

Q. So where were you as you were speaking with Jennifer?

A. Within the doorway.

Q. What was she doing when you were chatting with her?

A. I don't recall specifically but she was attending to a baby that was not [Baby N].

Q. All right. So did you say the monitor had gone off?

A. Yes.

Q. Carry on from there. What happened?

A. The monitor went off, [Baby N] was on the first cot space on the right-hand side, so he was right in front of the doorway, and I went straight over to look at him and that's when I saw him to be like that.

Q. When you say "to be like that"?

A. Sorry, so he was a bluish colour, he wasn't breathing properly, so straightaway I started to Neopuff him and called for help.

Q. What did Jennifer do?

A. She finished what she was doing with her baby and came over to help as well.

Q. Right. I'd like you to carry on telling us, as best you can remember, how things go from there. So you called for help, so Jennifer has come over --

A. Yeah, [Dr A] was on the unit at the time, the registrar. We called for help and he came straightaway.

Q. Right.

A. [Baby N] recovered from that episode. We managed to Neopuff him and he recovered, but then within minutes again the same thing happened.

Q. Right. So pause there. He recovered from that initial episode?

A. Yes.

Q. Who was there by the time he'd recovered?

A. So it was myself, Jennifer Jones-Key and [Dr A].

Q. And are you all still in nursery 3?

A. Yes, and Kate Percival-Ward was around --

Q. Right.

A. -- because she was starting to do the handover for the unit.

Q. Is she the nurse who had been on the overnight shift?

A. Yes, she was the shift leader for the night shift.

Q. So that's why she's allocating who's going to be taking over on the day shift?

A. Yes.

Q. You've already told us that. Just confirming. You made reference to the next desaturation or desaturations.

Can you tell us what happened next?

A. So very quickly there was a similar episode where he dropped his saturations, his colour wasn't good, he was mottled, and a decision was made by [Dr A] to move him through to nursery 1 for closer observation.

Q. And how long had you actually been on the unit for at the point when all this happened?

A. Minutes. I had just got to nursery 3 when it was happening.

Q. There's a reference in the note made by Jennifer Jones-Key to repositioning the NG or the NG tube; do you recall her doing that?

A. No.

Q. What does it mean repositioning it? What's being done when that happens?

A. It's being re-inserted, re-passed.

Q. Through where into where?

A. Through the nose down into the stomach.

Q. Right. Did you have anything to do with that?

A. No.

Q. Did you say [Baby N] was moved?

A. Yes.

Q. Where was he moved to?

A. He was moved to nursery 1.

Q. Can you help us with what happened when you get to nursery 1?

A. [Baby N] wasn't recovering from this episode as he had done previously. He wasn't breathing or making much respiratory effort so [Dr A] decided that we needed to intubate [Baby N].

Q. Do you recall whether Jennifer Jones-Key was still present round about this point or do you have no memory of that?

A. She stayed for some of it because I still hadn't had handover at that point.

Q. Do you recall what happened next when you say about [Dr A] decided he had to intubate [Baby N]?

A. I started to get the equipment ready for intubation and I remember myself and Bernie Butterworth, we started to get the medications ready that would be needed.

Q. Right. What are they for when you talk about getting the medications ready?

A. You have routine drugs that we give prior to an intubation and those drugs need to be drawn up and given prior to intubation starting.

Q. I'm just going to, again to assist with timing, just for that purpose -- so if we put up on the screen the second neonatal review for [Baby N], which is down as EM05, event 20. Just go to the fifth page if we could. Looking at lines, let's say, 95 down to 112, just so we have bracketed the section I'd like us to look at.

Can you see, Ms Letby, at line 96 we've got:  
"15.06. 08.00. [Baby N]. E-prescription.  
Medication given."

And then who's given that medication?

A. Myself and Bernadette Butterworth.

Q. And then we can see at line 97:  
"08.00. E-prescription. Medication given."  
And who is that by?

A. Yes, that's the same. Myself and Bernadette.

Q. I'll just confirm one detail before we move on.

(Pause)

Then if we continue down, can you see line 108?  
Again, what do we have there at 8.05?

A. That's further medication again by myself and  
Nurse Butterworth.

Q. And finally in this regard, at line 110 what do we have at 8.06?

A. That's medication again and that's myself and Nurse Butterworth.

Q. So it's a series of medications given by you and Bernadette Butterworth?

A. That's right.

Q. You'd said before we turned to this that when we get to this part of the sequence, after [Baby N] has been moved and there's going to be attempts to intubate, that medication had to be given?

A. Yes.

Q. You say that was by you and Bernadette Butterworth?

A. Yes.

Q. Is that what we're looking at when we look at the neonatal review at 8.05 -- sorry, 8.00 through to 8.06?

A. Yes.

Q. And again the purpose of that medication is what?

A. It's in preparation for intubation.

Q. Do we know therefore at least what time after the intubation must have started, the attempted intubation?

A. It would have been after the last of the drugs were given, so after 08.06.

Q. Right. Now, you're aware that there's an issue on this as to when blood is identified in relation to this attempted intubation?

A. Yes.

Q. You're aware of that, Ms Letby?

A. Yes.

Q. And you've followed that in the evidence. Let me ask you this: do you have a recollection that blood was seen at some point during the intubation process, I put it that way, as neutrally as possible?

A. Yes.

Q. Do you know for sure at what point that blood was seen?

A. No.

Q. I'm going to ask if we can have a look at the note that

[Dr A] made with regard to this to remind ourselves.

That's at tile 143 from this second [Baby N]

sequence. We can just see this note is made -- it says

08.00, which in fact is the time that is put on the

note. We have looked at some timings already but I

would just like to scroll down to where it says:

"Attempted intubation x3."

Can we drop the page a little bit more so we can see

what follows on the lower part of the page as well,

Mr Murphy. Thank you, that's the section.

Keeping in mind this issue, it says:

"Attempted intubation x3."

And it looks like 3 --

A. That's "with a size 3 ET".

Q. "... using neck roll."

And I think we follow from the evidence that's

a laryngoscope blade.

A. Yes, size 0.

Q. "Size 0 blade. Blood present at oropharynx. Unable to visualise trachea."

A. "Tracheal inlet."

Q. "Suction did not clear the view. Intubation abandoned due to blood [I think we've got that as 'present'] at oropharynx and likelihood of trauma due to repeated attempts."

Does anything there assist you with the precise point at which blood was identified in the course of those attempts to intubate?

A. No.

Q. I'm going to go to your note next, Ms Letby. Tile 233, please. This is a note we'll come back to at various points as we go through the events of this day, but we're going to start with the part that deals with the section we're looking at, which is on the left-hand side in that large body of text. It's just the first section there. Thank you. This is your note written on 15 June, this day, at 15.33. It says:

"Written for care given from 07.30 to present. Emergency equipment checked. Fluids calculated. Infant transferred to nursery 1 on handover: mottled, desaturating, requiring Neopuff and oxygen. Capillary refill 3 to 4 seconds. Cold to touch. Decision made to intubate. Drugs given as prescribed. Unable to intubate. Fresh blood noted in mouth and yielded via suction ++. Commenced on biphasic mean pressure 6."

And so on. Does anything in that note assist you with the precise point at which blood was identified?

A. That would read to me that it was once intubation had been attempted.

Q. That's how you say that reads to you?

A. Yes.

Q. Can you assist us with whether blood was visible before the attempted intubation by [Dr A]?

A. Not that I recall.

Q. I'm going to ask us if we could look at a couple of the charts where blood is marked on them. I appreciate it's at 4.10, but I wonder, my Lord, if I can take this issue through to its conclusion.

Ms Letby, can we deal with this issue through to its conclusion? We'll deal with that, members of the jury, and then we'll finish with [Baby N] for today with his Lordship's leave. I appreciate it's a lot of concentration.

I'd like us to look at what the charts say, Ms Letby, so we can keep in mind everything we have from the time relating to this. So can we look at the care

chart, which is at tile 173. For paper enthusiasts these are available in the paper bundle, but I'm going to put them on the screen anyway and we can follow them on that.

Let's have a look where blood is recorded, Ms Letby, on this is. This is the intensive care chart for [Baby N] for 15 June. Can we move down, please, Mr Murphy, so we can see that body of it? Thank you. What do we have at 10.00, looking from the left going across to the right?

A. At 10.00 we have a drip reading for the fluid that's running.

Q. And I'm most interested in the output section and the issue of blood. What do we find?

A. That says "1ml of fresh blood".

Q. "1ml of fresh blood."

A. Then it says NPU, so not passed urine, and then a green stool.

Q. And is that you that has signed for that?

A. Yes.

Q. If we go next to the entry that says 15, which is 15.00.

Can you see first of all it says "occluding"?

A. Yes.

Q. Do you know what that's a reference to where it says

"occluding"?

A. So that's referring to whichever line the fluid is running through, it's not running at that time, it's blocked or not infusing.

Q. Can you help us with what the figure is, first of all, in the circle, which looks like 7 point something?

A. That's a blood sugar reading.

Q. And what does "3ml blood" refer to?

A. An aspirate.

Q. That's signed [initials of Nurse B].

A. Yes.

Q. Can you explain to us what's gone on there because this is during your shift, but [Nurse B] has signed there?

A. It may well have been that [Nurse B] has completed these observations for me on my behalf.

Q. Do you remember a 3ml blood aspirate at or about 15.00?

A. I do recall blood in the afternoon, I couldn't be specific on that time, but I think there was blood and I showed it -- well, [Nurse B] and I both saw it.

Q. We can see at 16.00 it says "intubation". We'll have a better look at what that refers to in a moment. But again in terms of blood, what do we have at 18.00, please?

A. So we have another 1ml of blood aspirated.

Q. Does anything here assist with precisely when blood is seen in relation to that attempted series of intubations a little bit after 08.00?

A. No, the documentation here starts with blood at 10 o'clock.

Q. Right. So we can follow this, one of the reasons I'm going through this is because I want to turn to the way this went in the police interview afterwards, Ms Letby, as well as what the evidence is, so there's two things I'm dealing with. That's so we can all follow it. Could we look next at tile 174, which is the other side of this chart. We can go down to the bottom half, Mr Murphy, because that's where the references are that help us with this. I have seen before you have been able to turn it round through 90 degrees, I wonder if you could do that for us. Thank you. I might have to ask you to help us with times as we go along, which are at the other end.

(Pause)

If we look in the column headed 08.00 and go down there to the comments towards the lower part of the chart. We can perhaps see it anyway. Can you help us with what that says?

A. That says "blood ++" and it's OP, which is oropharyngeal.

Q. What is that relating to, blood at what time?

A. 8 am -- well after -- between 8 and 9 am.

Q. That's right? Okay. Does it give us a precise time for that?

A. No, it'd just be within that hour.

Q. Can that help us with when blood is seen precisely with regard to intubation at that time of the morning?

A. After.

Q. Does that help us with what time it was seen in relation to the attempted intubations that morning?

A. Can you rephrase it, sorry?

Q. Yes. When we look at that entry where it says "blood ++", does that help us identify where you see that in relation to the attempts to intubate by [Dr A]?

A. It would be after the intubation.

Q. Can we look at the entry for 09.00. Thank you for that. Drop down. We might need enlarge it. There's something written again next to OP. Can you see?

A. "Blood in mouth."

Q. "Blood in mouth."

And that's at what time?

A. 9.

Q. So that's certainly after the time of the attempted intubations; is that correct?

A. Yes.

Q. In fact, as we go along here, can you see the point at which factor VIII is first given to [Baby N]?

A. Yes, 11.00.

Q. 11.00?

A. Yes.

Q. And the purpose of factor VIII was what?

A. To assist with his clotting disorder.

Q. Do you remember when we looked at the other side of this chart we saw an entry which said, "Intubation 16.00"?

A. Yes.

Q. Looking at what's written in this chart, can you help us with why we'd got intubation at 16.00?

A. So at 16.00 on this side of the chart we've got an I-Gel airway, which is a form of intubation.

Q. Right. So that's what happened?

A. Yes.

Q. We know that as we go on attempts to intubate in a more conventional fashion with an ETT couldn't be achieved, could they?

A. No, so an I-Gel is an alternative method.

Q. Also, as it happens, under 16.00 there's an entry in the line for OP. It's at an angle here but can you help --

A. "Small blood orally."

Q. Do you know what that relates to as you look back at this now?

A. No.

Q. All right. In any event, that happened some time after the attempts to intubate with [Dr A]?

A. Yes.

Q. Having gone through that, I wonder whether we could turn to the interview, my Lord, or we could turn to it in the morning. It's a matter of how well we can concentrate. But perhaps we could see this issue through if that's not inconvenient?

MR JUSTICE GOSS: Certainly.

It will take, what, 10 minutes?

MR MYERS: If that.

MR JUSTICE GOSS: Let's just do those this afternoon.

MR MYERS: Ms Letby, while it's fresh in your mind and our mind having looked at this we're going to go to the interview for [Baby N], please, which is in bundle 2, ladies and gentlemen. Could you go there please, Ms Letby. For those of you who had the charts out in paper by all means leave them out because you might want to look at what some of the entries say. But if we could all get to the page which has in red [redacted], so 11 pages in, please, Ms Letby. Could you put tile 174 back up, please, Mr Murphy? We can all see the interview page [redacted]. And can you see in blue in the centre of that page it says: "Lucy Letby was taken to the NICU environment check."

It says tile 239, in fact it's tile 174, which we have now got up.

A. Yes.

Q. 239 as well. There we are.

MR JUSTICE GOSS: Yes. As we've observed many times, unfortunately the same documents are often reproduced in different places, so 174 or 239.

MR MYERS: Thank you.

The officer says:

"Question: Can you read to me what you wrote there?"

"Answer: So I put 'Blood in mouth.'"

Can you just assist us: where are you talking about when you say, "I put 'blood in mouth'"?

A. The 09.00 column.

Q. The 09.00?

A. Yes.

Q. Right:

"Question: Yeah. A 10ml per kilo saline bolus."

Is that something you've written on the chart as well?

A. Yes, that's also the 09.00 box.

Q. Is that what we see --

A. In the free text --

Q. -- to the left of "blood in mouth"?

A. Yes.

Q. "Question: Hmm, okay. So before on that other side of the chart that you've got that you've aspirated blood." Now, to keep track, can we put up tile 173, which is the other side of the chart that the officer was talking about. We can see your answer, looking across you put?

"Answer: Yeah, at 10 o'clock."

Can you see that?

A. Yes.

Q. Is that referring to what we see on tile 173 at 10 o'clock?

A. Yes.

Q. The officer says:

"Question: Yeah, 10 o'clock, and that was from the tube?

"Answer: Yeah.

"Question: But then here it says 'blood in mouth.'" That was the officer referring again to what we saw on tile 174 at 9 o'clock?

A. Yes.

Q. Are any of those references to what was or wasn't visible in [Baby N]'s mouth at the time of the attempted intubations by [Dr A]?

A. No.

Q. The officer says:

"Question: Can you explain to me the differences in them two?

"Answer: So the blood in the mouth -- it's orally, in the baby's mouth, on its lips."

Over the page there's questions about what it looked like on [Baby N] and handwriting but in fact this line of questioning we pick up below the second hole punch down towards the bottom where the officer says:

"Question: Okay. So are we suggesting there's blood..."

The officer says just over halfway:

"Question: Is that suggesting there's a lot of blood?

"Answer: Yes, that's under the time of 08.00, is it?"

Just pausing there, what is the blood at 08.00?

If we put up tile 173 -- 174, I apologise. When you were being asked about blood, "That's under the time of 8 o'clock, is it", what reference are you making, there, about the blood?

A. So the blood that's written in the 08.00 column.

Q. "Blood ++"?

A. Yes.

Q. The officer:

"Question: So are we suggesting there's blood before -- quite a lot of blood before attempts to intubate?"

What's your answer?

A. "Yes."

Q. Actually, are you -- have you said this relates to attempts to intubate by [Dr A]?

A. Not -- no.

Q. No. Have you been talking about attempts to intubate by [Dr A]?

A. No.

Q. As a matter of fact, as we look at that day, was there blood before attempts to intubate?

A. Yes. At interview I was referring to the 16.00 intubation.

Q. The officer says, carrying on:

"Question: Do you remember that, Lucy?

"Answer: Not really, no.

"Question: I'm just trying to --

"Answer: Reading this I remember seeing that we gave factor VIII it's coming back to me that he was a baby that had a bleeding issue."

Over to page 13:

"Question: What would factor VIII be used for?

"Answer: Clotting.

"Question: Okay. It's not something you give routinely?

"Answer: I don't recall ever giving him that before.

"Question: Right, but that's -- I'm right in saying that at 8 o'clock in the morning, yeah, is it a lot of blood?

"Answer: Yes, on oral suction, yeah."

Is that right, it is a lot of blood at 08 --

A. Yes, it's blood ++.

Q. Does anything from what we have in that chart establish where that blood is seen in relation to [Dr A]'s attempts to intubate?

A. No.

Q. Right:

"Question: Okay. Do you have any recollection of that, Lucy?"

"Answer: Not specifically, no."

"Question: And at 4 o'clock there, you've also made another entry. Can you read that out to me?"

"Answer: Small blood orally."

That's at tile 173 and is that what we can see at 16 on that chart?

A. Yes.

Q. "Question: Can you explain that to me?"

"Answer: "I don't remember it, but from my notes I found a small amount of blood again in the oral cavity."

"Question: Do you have any recollection of that?"

"Answer: No, I think this was during the time -- I do remember him bleeding when we were having difficulties with the airway, but I'm not sure when we started.

"Question: Oh yeah.

"Answer: So the airway issue was from 3 o'clock."

What are you describing when you talk about the airway issue at 3 o'clock?

A. So from 3 o'clock is when further attempts were made at intubation. That's what I'm referring to.

Q. The officer says:

"Question: "Does it help your memory in relation to the blood? Was it there before attempts to intubate?

Can you remember?"

"Answer: Not from memory. Obviously reading this, yes, he did have blood before intubation."

Now, what intubation are you talking about when you say that in this --

A. The 16.00 with the I-Gel airway.

Q. Right. If we just look at tile 174, please, which is the opposite side of this sheet -- I apologise, 173. 174 was the opposite side. There it is. Where you're talking about intubation, what were you making reference to?

A. I was referring to the 16.00 intubation. Prior to that, he hadn't been intubated, he was on CPAP.

Q. And where you're talking about the 16.00 intubation on this sheet, does that equate with the I-Gel that you were telling us about?

A. Yes.

Q. Right. In fact, let's just finish it through. That's what I wanted to ask, but can we just go over the page to see the end of this part of the questioning so we have it all, the last -- the first lines of [redacted].

The officer says:

"Question: Right, okay. Before intubation or before attempts to intubate?"

"Answer: I'm not sure when the attempts were."

"Question: Right."

Have you ever agreed, Ms Letby, that what you see shows that there was blood before [Dr A]'s attempts to intubate that morning?

A. No.

Q. And do you recall precisely when that blood was first seen in relation to those attempts to intubate?

A. No.

(In the presence of the jury)

MS LUCY LETBY (continued)

Examination-in-chief by MR MYERS (continued)

MR MYERS: Ms Letby, yesterday afternoon we concluded looking at the second event relating to [Baby N], which is count 18, and so we're looking at the third event now, which is count 19 on our indictment, and that is the event on the afternoon of 15 June, shortly after 3 o'clock.

So to help all of us with this and to help you with the facts, let's put up your note that dealt with this, which is at tile 233 of the second [Baby N] sequence. Let's have a look at that and just read in what it was that you said.

If we go into the note, please. We're going across to the lower left-hand side, Mr Murphy, if we could enlarge that, please.

Can you see there's a note there, Ms Letby, for 15 June. The note is it made at 18.30. Can you see that?

A. Yes.

Q. We know this has followed events in the morning when there had been the attempts to intubate after the desaturation at 7.15. Can you read for us, please, what the note says? I'll tell you what to stop or if there's anything I need to ask you.

A. "Infant has had periods of apnoea during the morning requiring stimulation and increased oxygen/PEEP. Improving by afternoon. Observations stable. Remains cool so incubator temperature increased. Approx 14.50, infant became apnoeic with desaturation to 44%, heart rate 90. Fresh blood noted from mouth and 3ml blood aspirated from NG tube. Neopuff commenced and doctors crash called. Events documented in medical notes."

Q. Let's read on a little bit further, please.

A. "Unable to obtain secure airway. [Dr D] and Reg Mayberry, Consultants Brearey and Saladi unable to insert ET tube. Assistance gained from anaesthetic team. X2 consultants also unable to secure ET tube. Intubation drugs given as prescribed. I-Gel airway inserted and infant ventilated via this. Secured with ties from vent hat."

Q. We'll stop there. Taking a couple of the details there, that last detail:

"I-Gel airway inserted and infant ventilated..." Do you remember yesterday we looked on the chart where you'd written "intubation" round about -- the timing varied across the two charts, but we have seen where you wrote "intubation"?

A. Yes.

Q. Is that what you were referring to?

A. It is, yes.

Q. Earlier in the note where there's a reference to 3ml of blood, can we move across to the left-hand side and the lower part, please, Mr Murphy?

Where we can see right in the body of that, the centre of it:

"Fresh blood noted from mouth and 3ml blood aspirated from NG tube."

Do you remember we saw where that's recorded on the chart with the [Initials of Nurse B] next to it?

A. Yes.

Q. That's the reference to the --

A. It is, yes.

Q. -- 3ml, is it? Do you recall what part [Nurse B] played in these events as they were going along?

A. Not from my memory now, no.

Q. Do you have a recollection, a clear recollection, of how events unfolded -- we can take the note down for the time being -- after this event at 14.50?

A. After this event here?

Q. Yes.

A. I have some memory, not in any great detail.

Q. What was the atmosphere like concerning [Baby N] as that afternoon went on? We see there were these multiple attempts at intubation.

A. It was becoming increasingly chaotic. More and more staff were coming to try and assist. There was a sense of panic around the unit, I think, that we weren't sure how we were going to manage [Baby N].

Q. Do you remember how many people were present as the afternoon went on, how many people gathered?

A. There were loads of people, I would say 10 to 15.

Q. Were you his designated nurse during this?

A. Yes.

Q. Were you the only person caring for him at any point?

A. No, [Baby N] needed such care that he always had at least two members of staff with him. I remember [Nurse B] helping a lot and the doctors were near enough in the room the whole time.

Q. Do you recall what the plans were as the afternoon went into the afternoon and there were continuing concerns about intubating [Baby N]? And I mean intubating with an ETT.

A. Yes, once the Countess of Chester anaesthetic team had come over and not been able to intubate, a discussion took place with Alder Hey and it was decided that a team from Alder Hey would come out to assess [Baby N].

Q. Did you have all the drugs you need to treat him given his condition? I'm talking --

A. We didn't have factor VIII.

Q. You didn't have factor VIII. If we just go back to the note we had up on the screen, tile 233, and go across to the right-hand side and the lower part of the entry we finished with. If we scroll down a little further, this is the entry timed 18.30. What's the final comment at 18.30 that you put in?

A. "Factor VIII brought to unit by specialist nurse at Alder Hey Children's Hospital."

Q. Right. So what was going on that led to you putting that comment on the note?

A. Once [Baby N] -- he had blood back from his tube throughout the day and the medical team felt that he needed -- we needed to have factor VIII and there was none on the unit for him.

Q. We know a dose had been given round about 11 o'clock that morning.

A. Yes, that was mum's.

Q. That was the mum's?

A. It was mum's factor VIII, yes.

Q. How long had [Baby N] been on the unit for by this point?

A. Since his birth.

Q. Since 2 June?

A. Yes.

Q. And he was known to be somebody who had a low factor VIII requirement?

A. Yes.

Q. And there was none available for him on the unit?

A. No, and then it became a panic and therefore it was couriered over then from Alder Hey.

Q. Is that what that refers to --

A. Yes.

Q. -- where it says:

"Factor VIII brought to unit by specialist nurse at Alder Hey"?

A. Yes, as an emergency.

Q. Can you describe events for us as we move then towards the point when we know the Alder Hey team arrived, going into the evening now?

A. Before the team arrived?

Q. Yes. We can take the note down for the time being, although we will be going back again.

A. There was continual intervention with [Baby N] throughout that time. I believe baptism was offered at some point to the parents. There was just lots going on in the room.

Q. Do you remember when the Alder Hey team did arrive?

A. Yes.

Q. That's Dr Potter and the doctors who were with him, is that correct --

A. Yes.

Q. -- Dr Francis Potter? Can you describe to us what happened? We know there's a further desaturation soon after that. Can you describe to us those events, Ms Letby?

A. The team from Alder Hey came and there was a lot of discussion and handover going on around the nursery area as to what we were going to do for [Baby N] and the Alder Hey team had brought specialist equipment with them and also wanted to set up a theatre in the labour suite in case we needed to advance to a surgical airway, so there was a lot of discussion and planning going on around that. At this time handover was taking place as well, so the night staff had arrived.

Q. What time are you talking about roughly?

A. Around 7.30 in the evening. And during that time that's when the episode happened.

Q. Well, lets just try and get some specific times just to help with that. I'm going to ask Mr Murphy to put up the clinical note made by [Dr D], the doctor who dealt with some of these events in the afternoon, and it's tile 420, please.

So this is a note [Dr D] made at 21.05 that evening, I am not going to read out all of it, we spent

some time looking at in evidence, but we can see the list of doctors who participated in events to intubate [Baby N] there. Do you see those, Ms Letby?

A. Yes.

Q. If we scroll down a little further, let's look at the timings. Thank you. We've got Dr Potter, Dr Lakin, ENT consultant arrived around 19.15 for assistance; is that the timing roughly as you recall that?

A. Yes.

Q. And you describe the event took place. It says here: "19.40, desaturation. 80 down to 50 down to 40s and associated bradycardia."

Again, does that fit with your recollection of timings approximately?

A. Yes, it does, yes.

Q. We also note here it says here to the right: "Intubated first attempt, size 3 centimetre ETT at 19.53 by Dr Potter."

A. Yes.

Q. Do you recall [Baby N] being intubated?

A. Yes.

Q. Let's just see, for conclusion, your note regarding this which is at tile 233. It's on the right-hand side of the central entry. Can you assist us with what you've put into the system at 20.53 that day?

A. "Medical team from Alder Hey Children's Hospital, ENT and anaesthetics, arrived approximately 19.00. Assessed [Baby N] and decision made to attempt intubation in CLS theatre and advance to tracheostomy if required.

Equipment and medications sourced. Observations stable. At 19.40 profound desaturation to 30s with colour loss.

Stiff and back arching, became bradycardic. Neopuff in 100% oxygen commenced via I-Gel airway. Mottled ++.

Doctors present. Resuscitation commenced as documented.

Drugs and fluids checked by myself and Staff

Nurse Simcock. Care handed over. All events took place

on NNU prior to moving to CLS theatres. Transport team

arrived 20.40. Medical care led by intensivist from

Alder Hey and Consultant Gibbs."

Q. Thank you for that. Do you recall who was present at the time that this desaturation happened at 19.40?

A. There were multiple staff there.

Q. Can you help us with specifically who or not? I'm not asking that critically just asking if you can --

A. I know I was talking to Belinda Simcock at that time, handing over. I couldn't recall exactly who was where but there were multiple members of staff.

Q. How much of a focus was [Baby N] for all the medical staff present?

A. He was the focus of the whole unit at that point.

Q. Thank you. How were you feeling as events were building up round about 7 o'clock through to the point that [Baby N] was intubated?

A. He was a real concern, we were all very worried about him. And to have that many experienced staff intubating and not be able to secure a tube, we were really concerned for [Baby N].

Q. And we had evidence from [Dr D] about you appearing to be stressed or anxious at the time that the team turned up from Alder Hey. Is that a fair description?

A. Yes, I was.

Q. And why were you stressed and anxious by that point?

A. It was something I'd never experienced before and I have never known staff to come from other hospitals or other departments within the hospital. I had never seen that many people in the nursery for one baby.

Q. What was the concern at that point?

A. The concern was that if we couldn't get an airway for [Baby N] he would have to undergo surgery, which again is something I'd never seen or heard of before.

Q. How did that make you feel, the thought of [Baby N] undergoing surgery like that in those circumstances?

A. It was frightening.

Q. For what, or who?

A. For his safety. We wanted him to be well and the fact that we couldn't manage his airway was concerning.

Q. Who did take handover over this period?

A. Belinda Simcock.

Q. We know that [Baby N] was intubated --

A. Yes.

Q. -- and in due course stabilised.